

FIG. 1 (PRIOR ART)

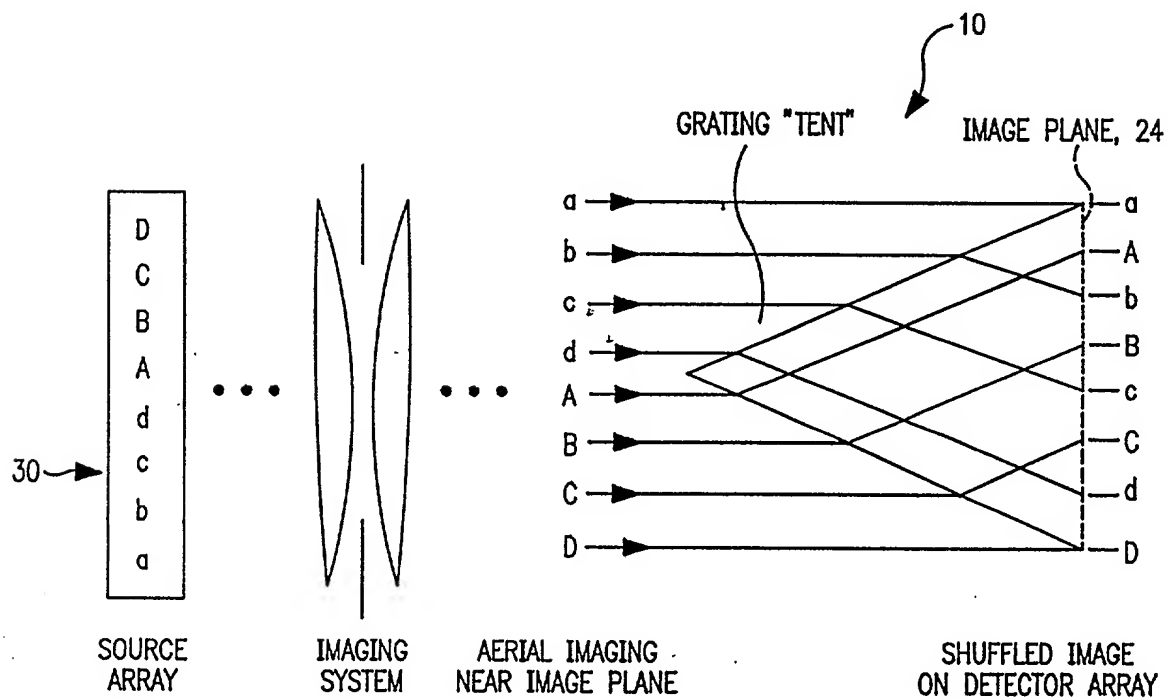


FIG. 2 (PRIOR ART)

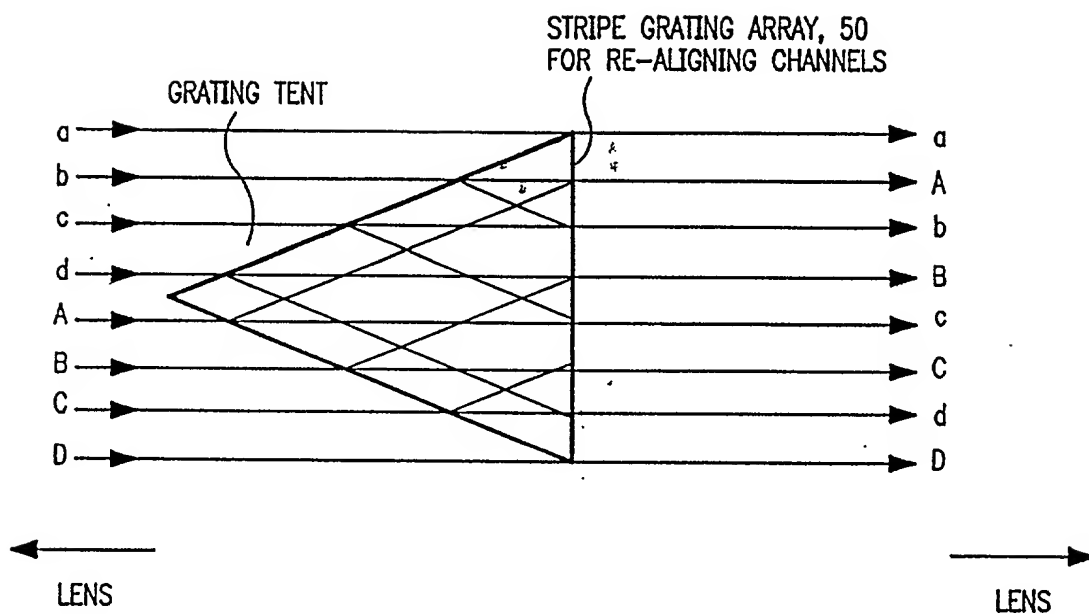


FIG. 3 (PRIOR ART)

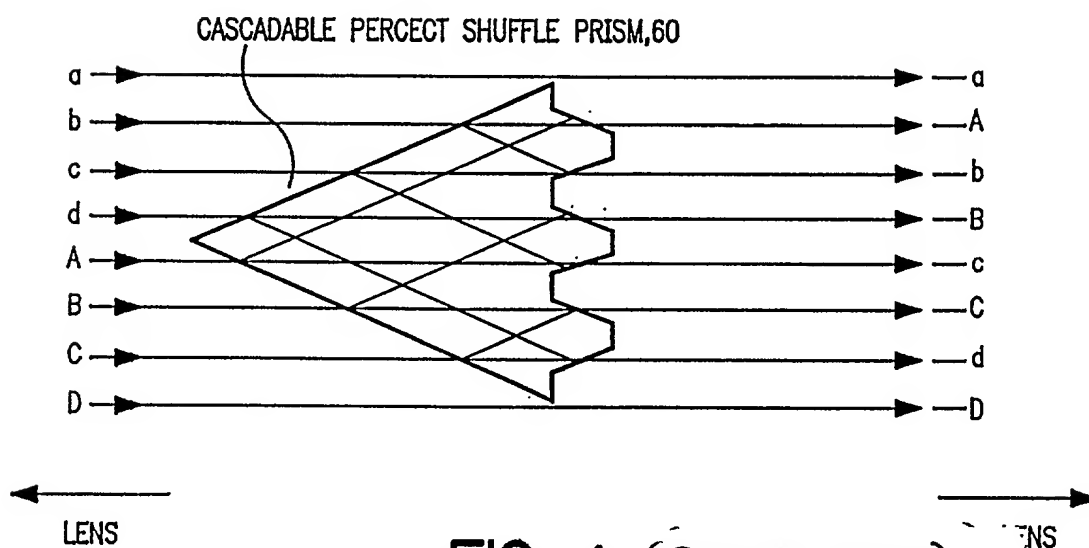


FIG. 4 (PRIOR ART)

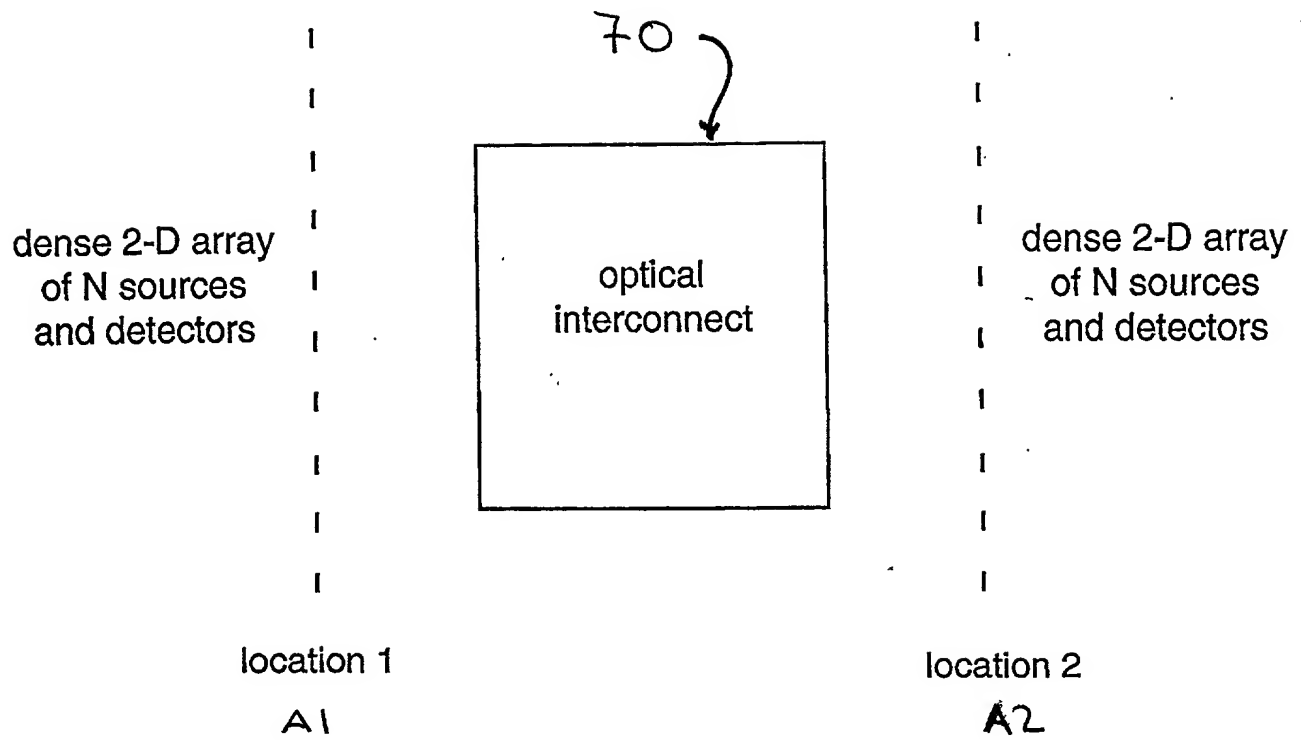
[illegible]

Fig. 5

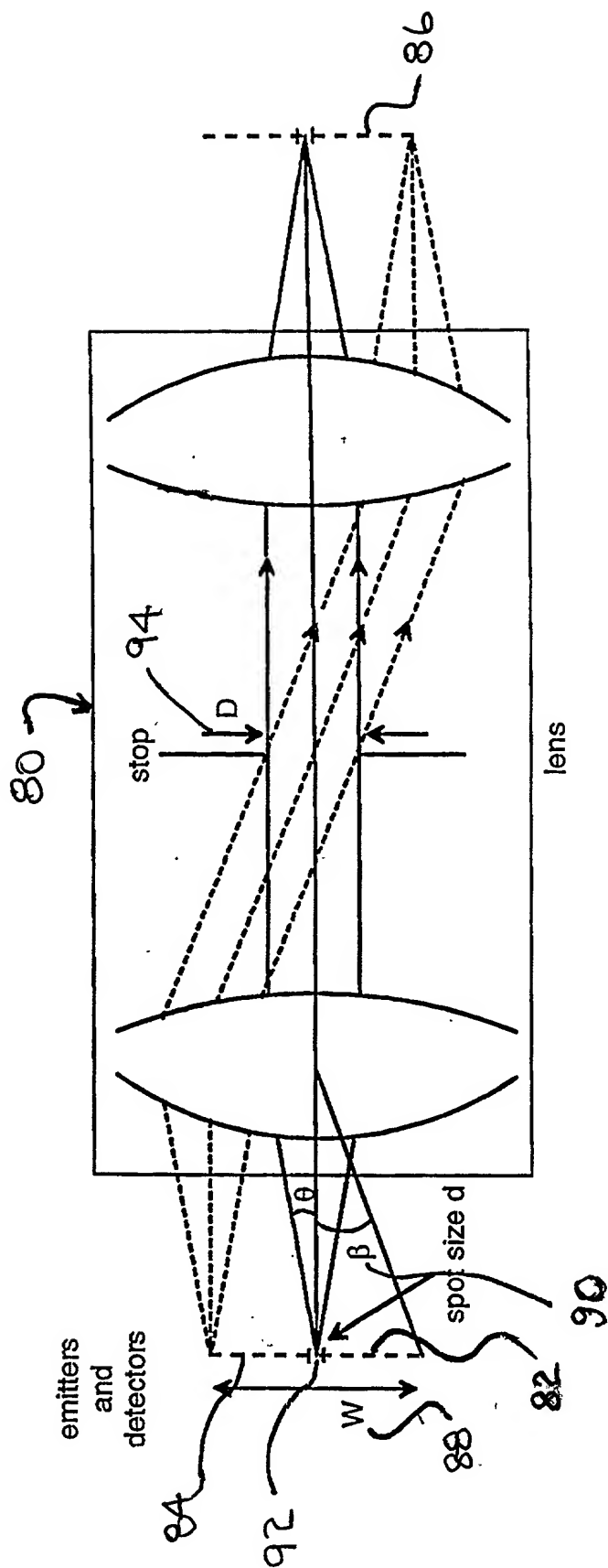


Fig. 6

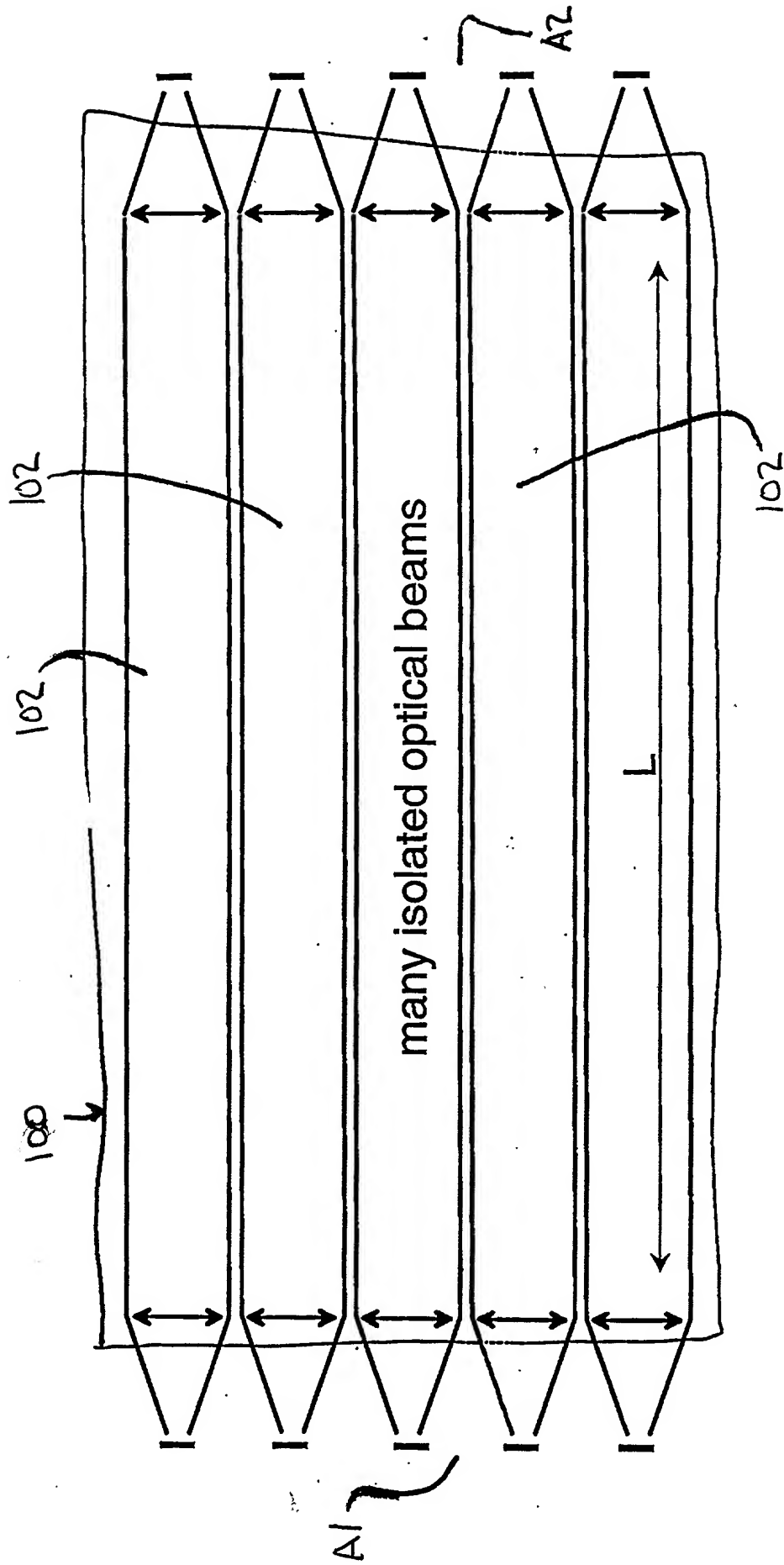


FIG. 7
(PRIOR ART)

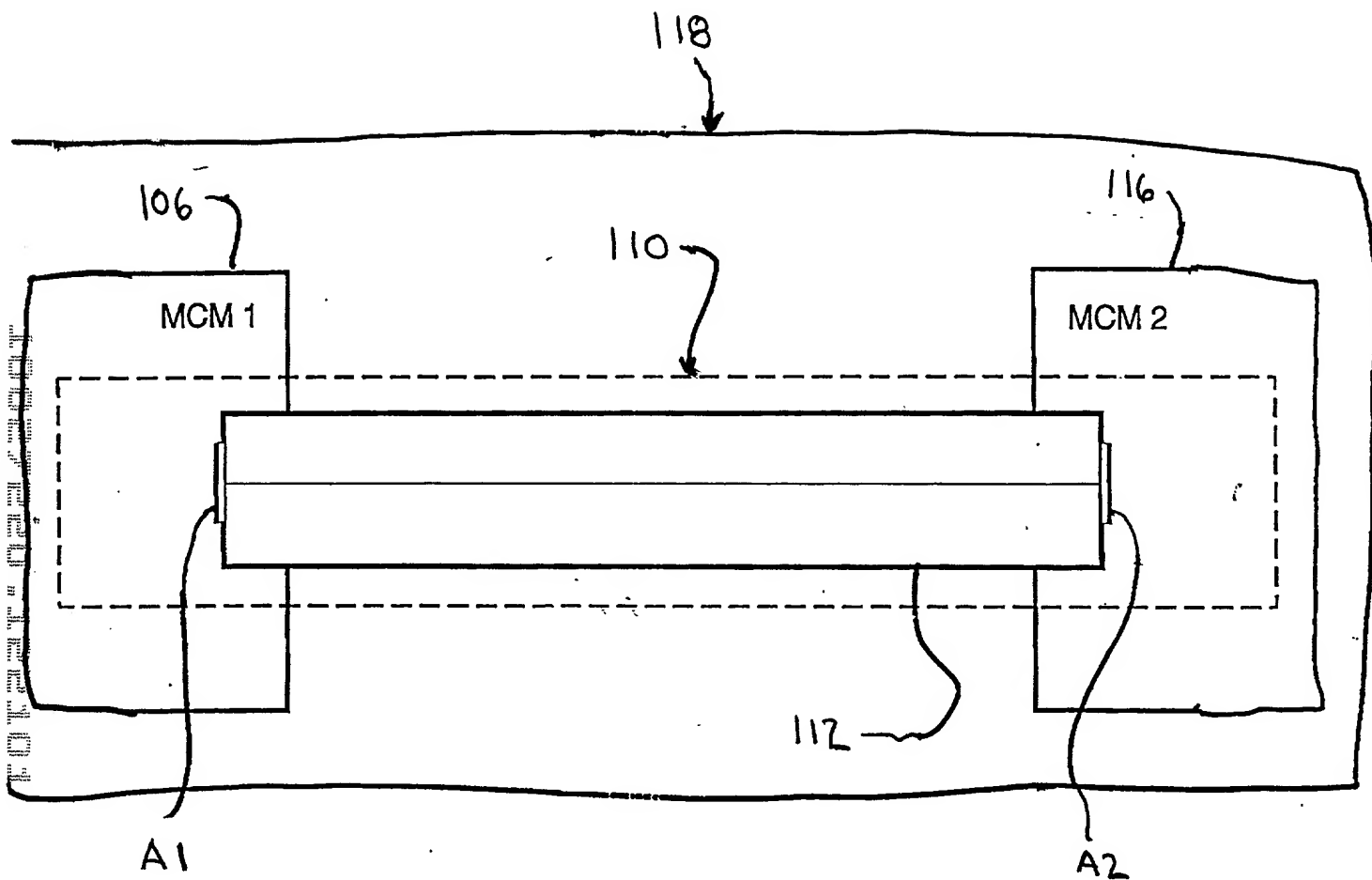


Fig. 8

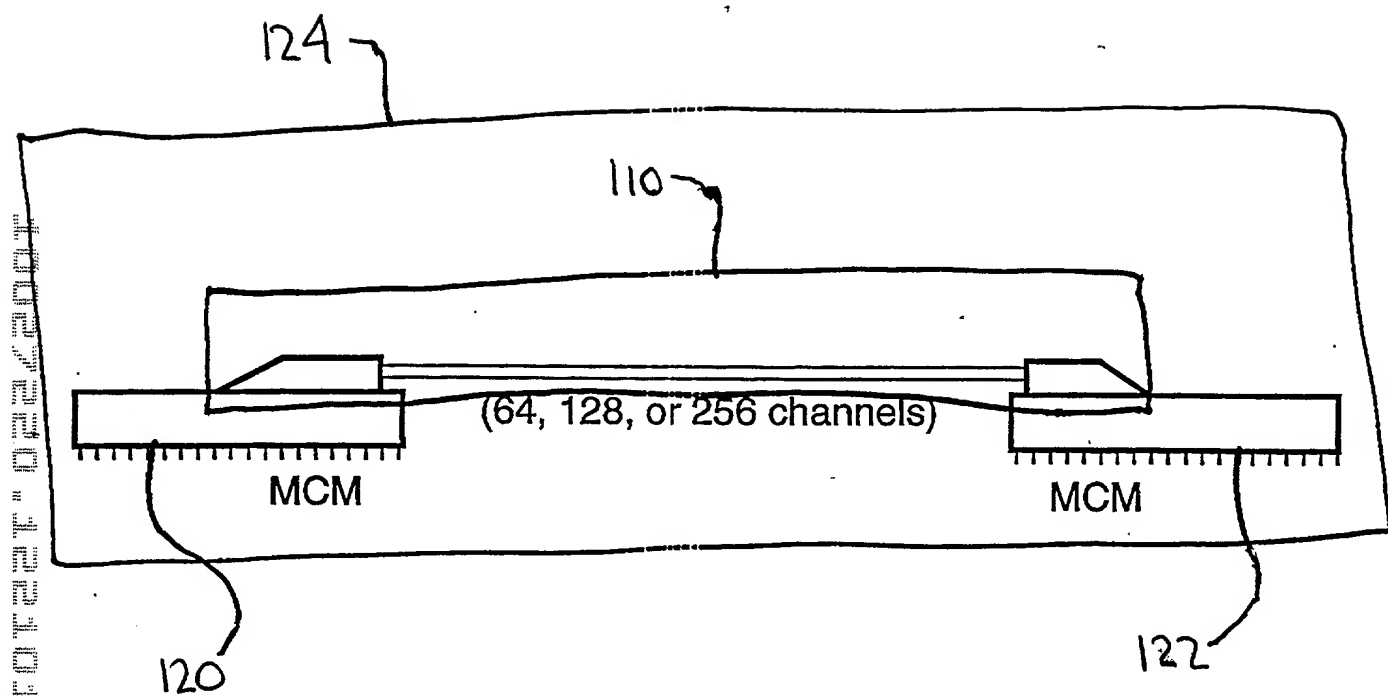
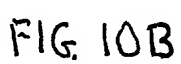


Fig. 9



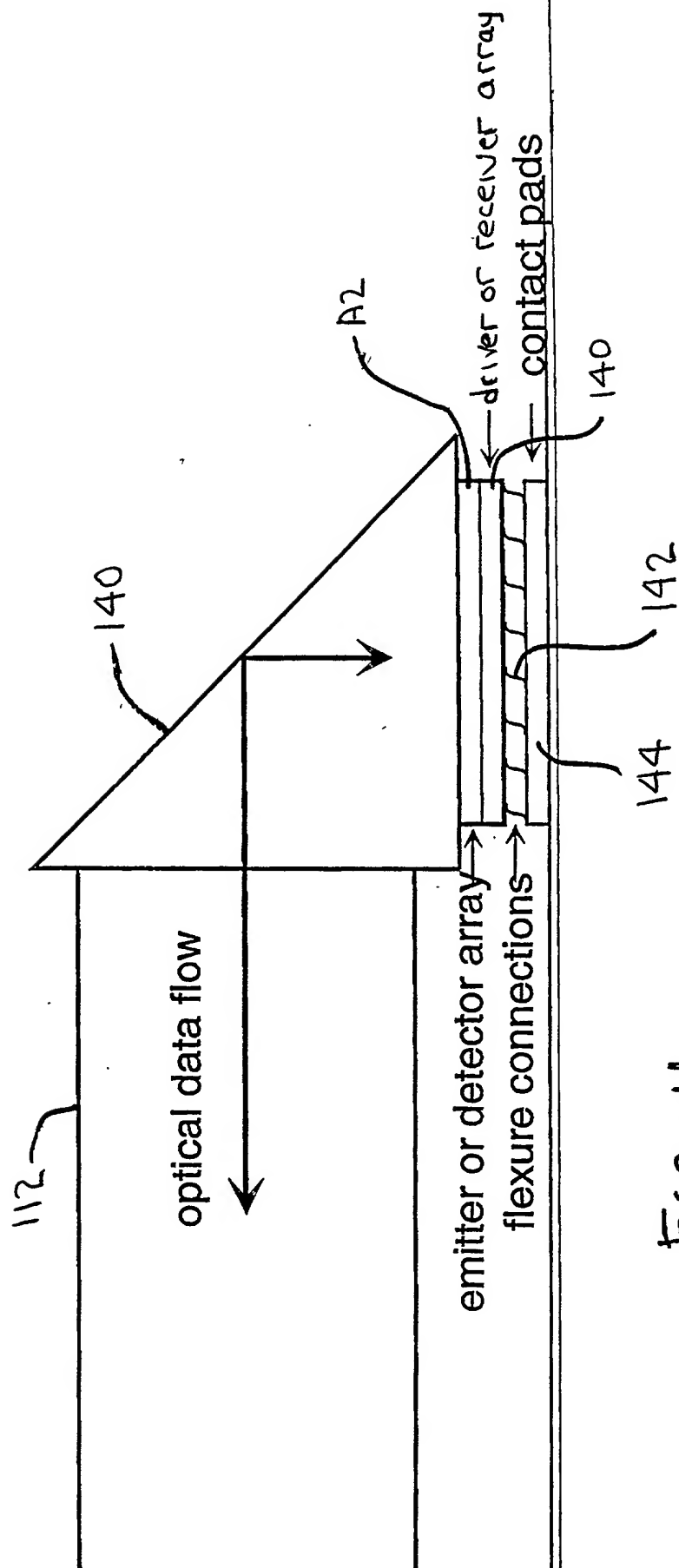


Fig. 11

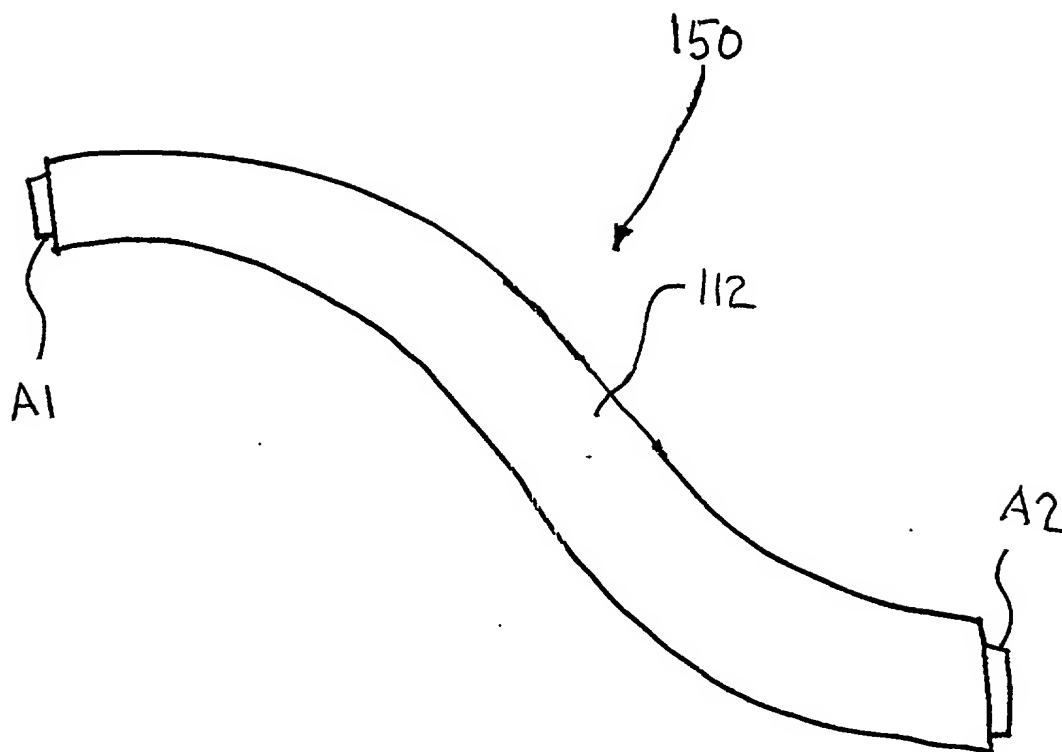


Fig. 12

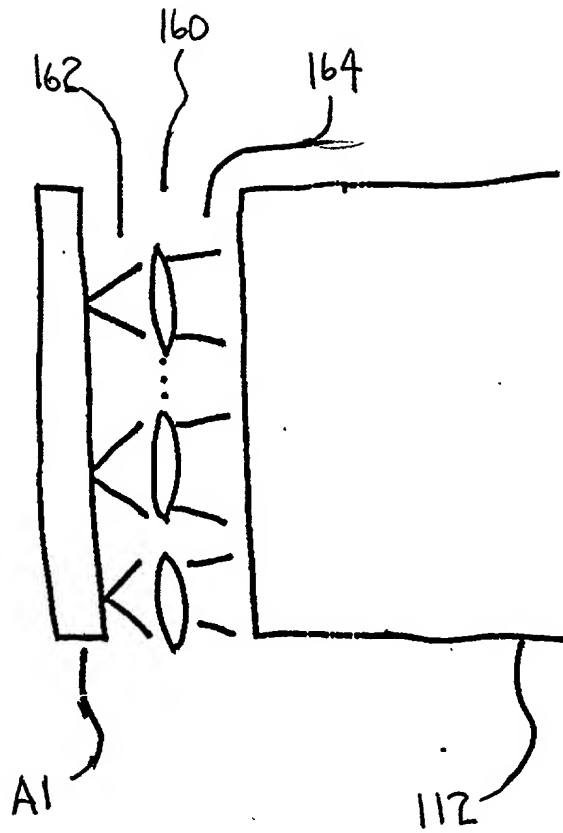


Fig. 13

FIG. 14

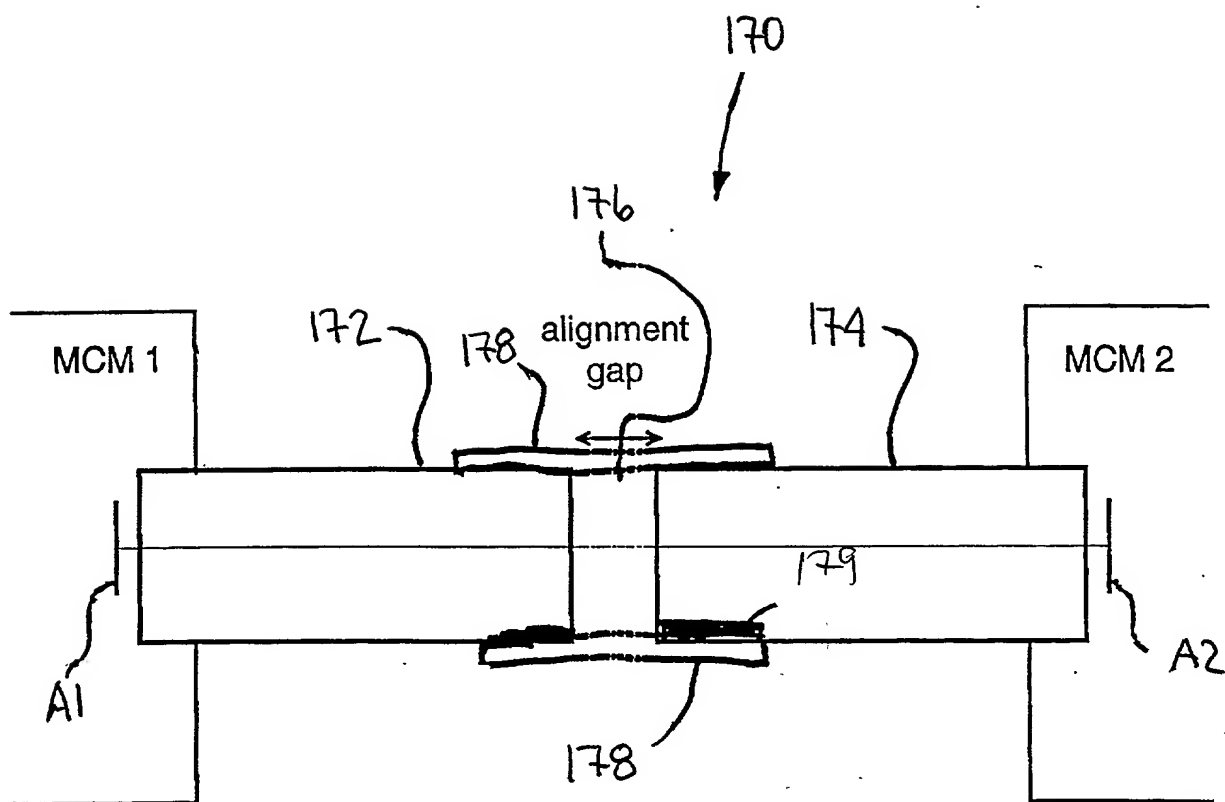


Fig. 14

FIG. 15

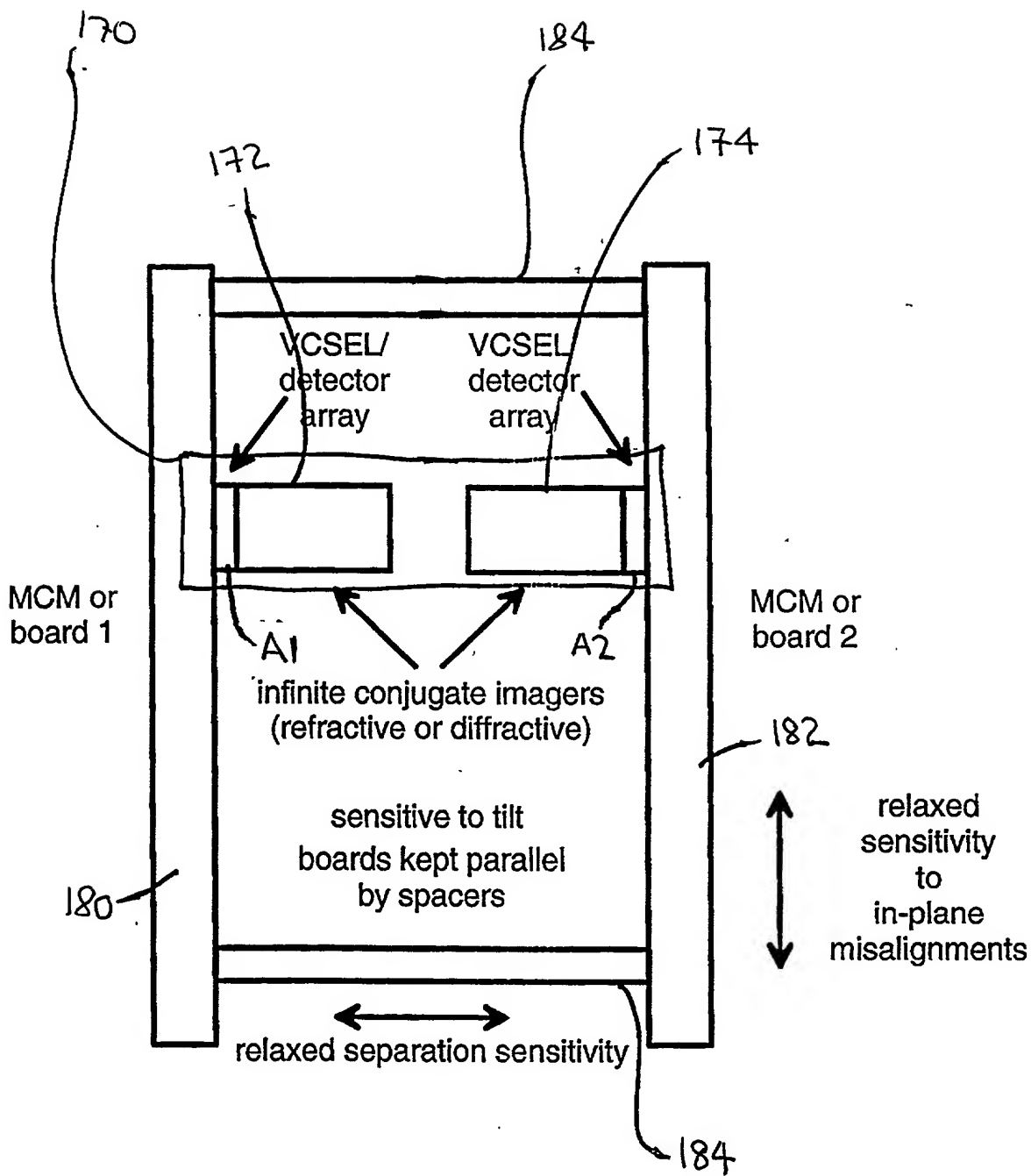


Fig. 15

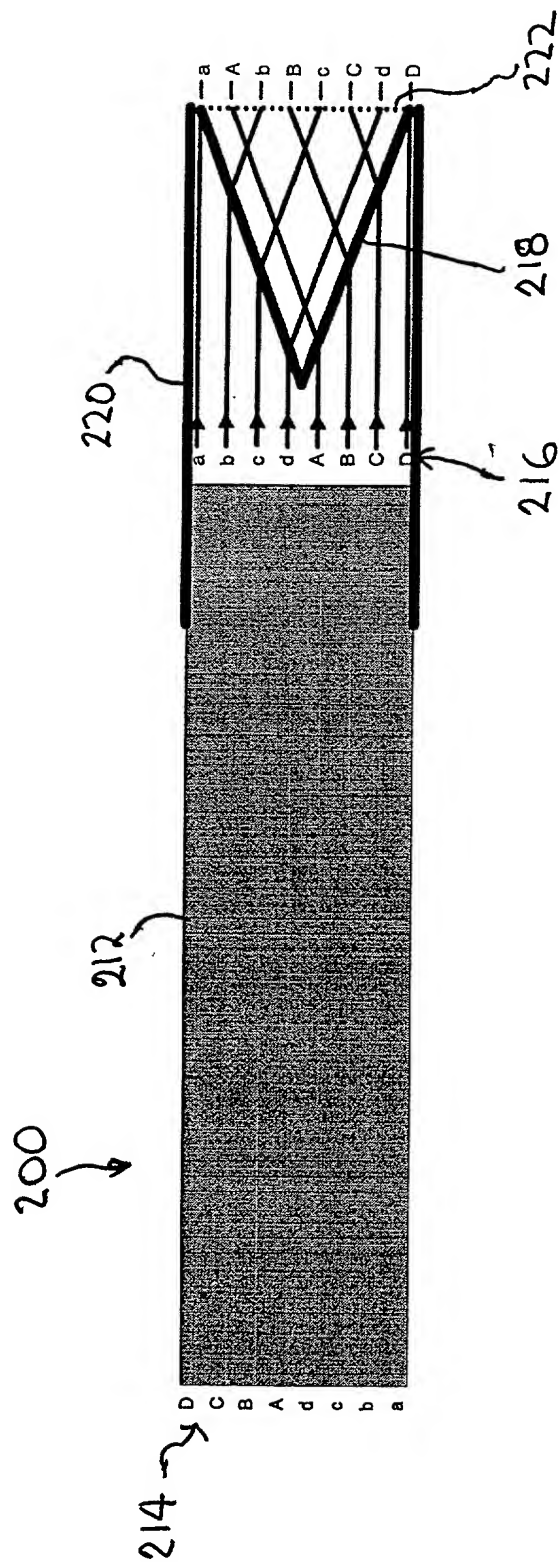


Fig. 16

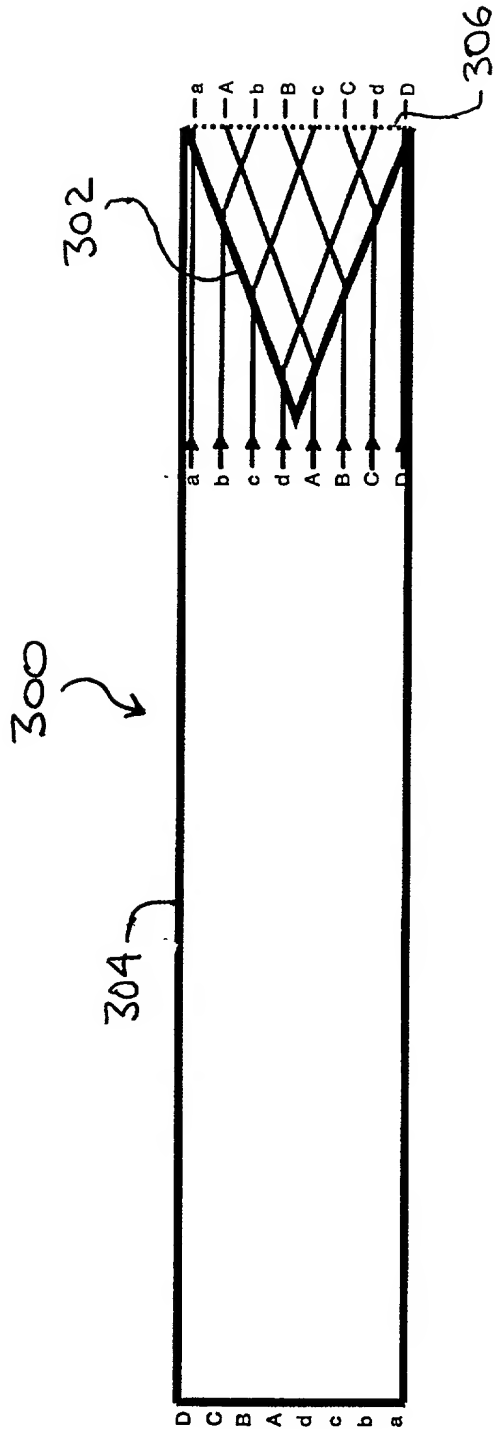


Fig. 17

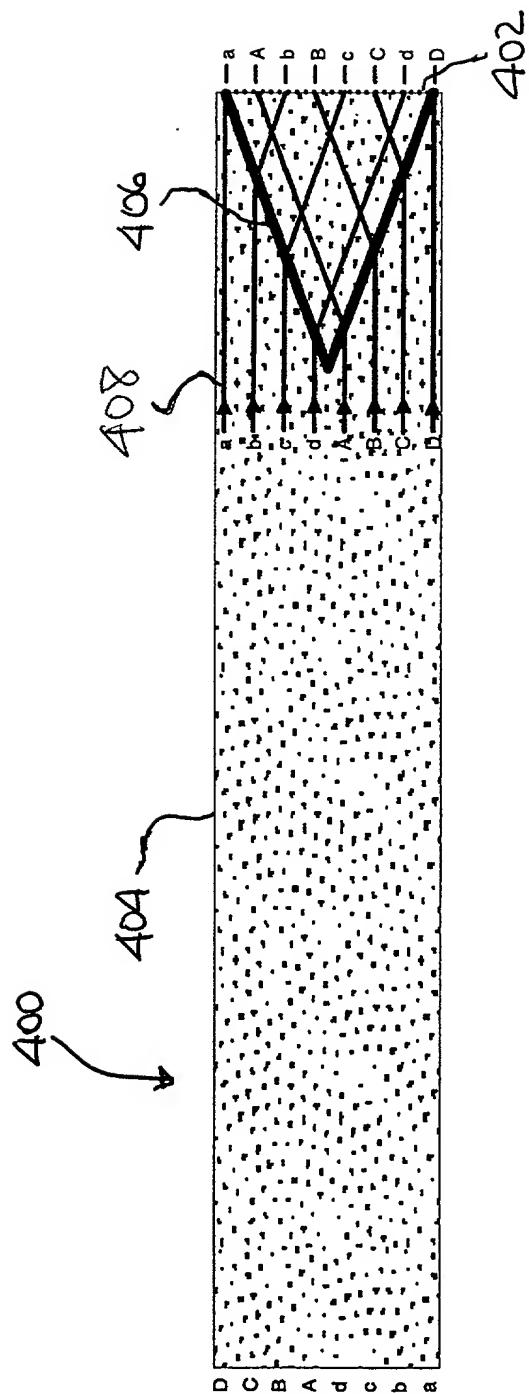


Fig. 18

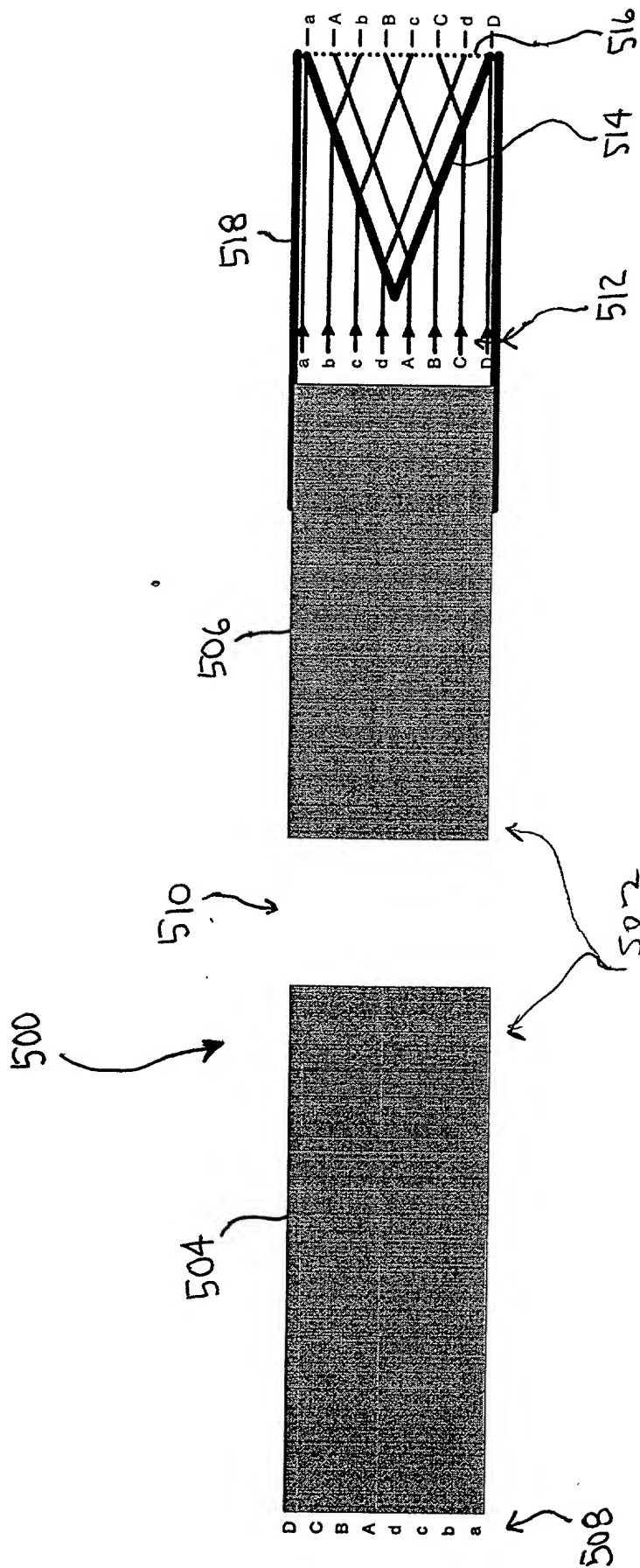



Fig. 19

[illegible]

Variable	Mean	SD	Min	Max
Age	34.5	10.2	21	55
Gender	0.5	0.5	0	1
Marital status	0.6	0.5	0	1
Education	12.5	1.5	9	16
Income	1500	500	500	3000
Health status	0.8	0.2	0	1
Smoking status	0.3	0.5	0	1
Alcohol consumption	0.2	0.4	0	1
Exercise frequency	0.5	0.5	0	1
Stress level	0.7	0.3	0	1
Sleep quality	0.6	0.4	0	1
Work satisfaction	0.5	0.5	0	1
Life satisfaction	0.7	0.3	0	1
Depression score	0.4	0.5	0	1
Anxiety score	0.3	0.4	0	1
Quality of life	0.6	0.4	0	1
Healthcare utilization	0.5	0.5	0	1
Health insurance status	0.9	0.1	0	1
Chronic disease status	0.2	0.4	0	1
Family size	2.5	1.0	1	5
Home ownership	0.7	0.5	0	1
Commute time	30	15	10	60
Neighborhood safety	0.8	0.2	0	1
Access to healthcare	0.9	0.1	0	1
Healthcare costs	1000	300	500	2000
Healthcare quality	0.7	0.3	0	1
Healthcare access	0.8	0.2	0	1
Healthcare utilization	0.5	0.5	0	1
Healthcare satisfaction	0.6	0.4	0	1
Healthcare costs	1000	300	500	2000
Healthcare quality	0.7	0.3	0	1
Healthcare access	0.8	0.2	0	1
Healthcare utilization	0.5	0.5	0	1
Healthcare satisfaction	0.6	0.4	0	1



Level - 2

Version 1.1

Updated - 8/01/01

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No. _____, filed on _____,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Thomas W. Stone

Date: 12/18/0

Signature:

Citizen of: USA

Inventor two:

Signature:

Citizen of:

Inventor three:

Signature:

Citizen of:

Inventor four:

Signature:

Citizen of:

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement. This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	N/A
Filing Date	Herewith
First Named Inventor	Thomas W. Stone
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	6536-109

I hereby appoint:

☒ Practitioners at Customer Number

26486

OR

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Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name Thomas W. Stone

Signature 

Date

12/18/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.

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